

Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: AN ANALYSIS SYSTEM  
Attorney Docket Number:: 1501-1259  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 15  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: STEFAN  
Middle Name::  
Family Name:: LINDBERG  
Name Suffix::  
City of Residence:: STRANGNAS  
State or Province of Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: SLANBARSSTIGEN 10  
Address::  
City of Mailing Address:: STRANGNAS  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-645-43

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: HAKAN  
Middle Name::  
Family Name:: HEDLUND  
Name Suffix::  
City of Residence:: STRANGNAS  
State or Province of Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: TRANBARSSTIGEN 15 B  
Address::  
City of Mailing Address:: STRANGNAS

State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-645 43

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: JIM  
Middle Name::  
Family Name:: KUMMELSTAM  
Name Suffix::  
City of Residence:: STRANGNAS  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: ELMAVAGEN 11  
Address::  
City of Mailing Address:: STRANGNAS  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-645 92

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: JARL-OVE  
Middle Name::  
Family Name:: LINDBERG  
Name Suffix::  
City of Residence:: STRANGNAS  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: UTSIKTSVAGEN 32

Address::

City of Mailing Address:: STRANGNAS

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-645 42

**Correspondence Information**

Correspondence Customer 000466

Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE03/00088	1/20/03
PCT/SE03/00088	An application claiming the benefit under 35 USC 119 (e)	60/384,118	5/31/02

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0200147-7	1/18/02	Yes
SWEDEN	0200215-2	1/25/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::